

Name  
in  
Full

## CERTIFICATE OF DEATH

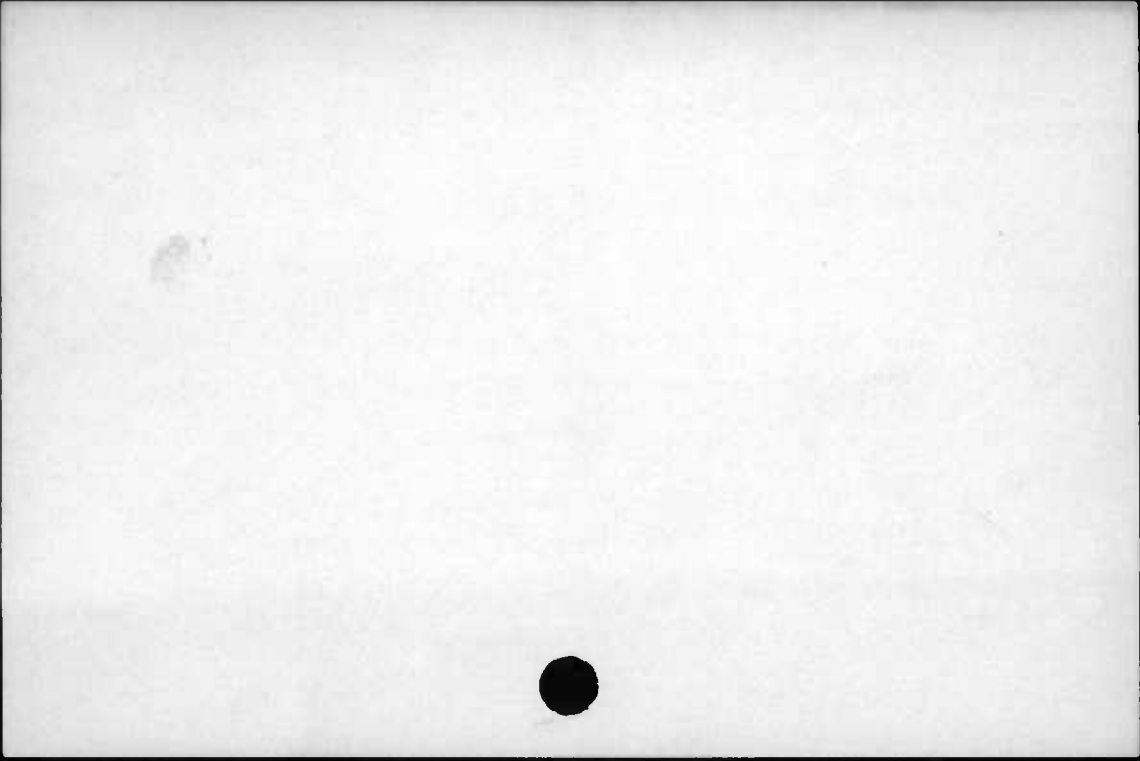
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah Elizabeth Baker</i>		Town <i>Bestusda</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Dec 30</i>		<i>79</i>		<i>3 12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Montg. Co. Md.</i>			
Occupation <i>House-wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Nelson R. Baker</i>					
Father's Name <i>Sam'l Perry</i>		Father's Birthplace <i>Montg. Co. Md.</i>					
Mother's Maiden Name <i>Cissie</i>		Mother's Birthplace <i>Montg. Co. Md.</i>					
Name of person giving information <i>L. L. Green</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease &amp; Myelitis</i>	How long <i>Long Standing</i>
Immediate <i>Uremic Poisoning</i>	How long <i>a few weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bestusda Md.</i>
Accident or Suicide?	



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Danmoulters</u> Town <u>Monty</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>5</u>	Age <u>—</u> Years <u>—</u> Months <u>8 mo</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Poolesville Md</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Grady Barnes</u>	Father's Birthplace <u>Monty &amp; Md</u>		
Mother's Maiden Name <u>Lucy Robinson</u>	Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Physician</u>	How related to deceased <u>150</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Congenital malformation</u>	How long <u>—</u>
Immediate <u>Asphyxia</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W.D. Moore M.D.</u>
	Address <u>Sub Reg</u>
Accident or Suicide? <u>—</u>	



Name  
In  
Full

Louisa Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gaithersburg</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>27</i>	Age	<i>62</i>	Months	Days
Sex	<i>Female</i>		Color or race	<i>colored</i>		Birthplace	<i>Maryland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Jno Brown</i>				
Father's Name	<i>—</i>					Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Rachael O'Key</i>					Mother's Birthplace	<i>ind.</i>
Name of person giving information	<i>Jno Brown</i>					How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchopneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W B Haddock</i>
		Address	<i>Gaithersburg Md</i>
Accident or Suicide?			



Name  
in  
Full

Robert Harris Budd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Sandy Spring		<sup>County</sup> Montgomery		MARYLAND	
Date of death 1905	Month 12	Day 29	Age 9	Years 8	Months 18
Sex Male		Color or Race Black		Birth-place Sandy Spring	
Occupation			Where Residing if not at place of death Sandy Spring		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Perry Budd			Father's Birthplace Montgomery Co. Md		
Mother's Maiden Name Amanda Armstrong			Mother's Birthplace Virginia		
Name of person giving information Perry Budd Jr			How related to deceased Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Hydrocephalus	How long 3 years
Immediate asphyxia	How long 5 minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Roger Brooke
	Address Sandy Spring Md
Accident or Suicide?	



Name  
In  
Full

CERTIFICATE OF DEATH

*Doris Burgess*

Town

County

MARYLAND

Died at

*Lay Hill*

*Montgomery*

Date

of death 190

Month

*Dec*

Day

*29*

Age

Years

*14*

Months

*7*

Days

*29*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*India*

Occupation

*None*

Where Residing if not  
at place of death

*Same*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*—*

Father's  
Name

*John Burgess*

Father's  
Birthplace

*India*

Mother's  
Maiden Name

*Elizabeth Gates*

Mother's  
Birthplace

*India*

Name of person giving  
information

*Walter Burgess*

How related  
to deceased

*brother*

CAUSES OF DEATH

Primary

*Tuberculosis Lung*

How long

*One year*

Immediate

*Tuberculosis Lung*

How long

*One year*

Are the name, age, sex, color, data  
and place correctly given above?

*Yes*

Signature of  
Physician

*Walter Burgess*

Address

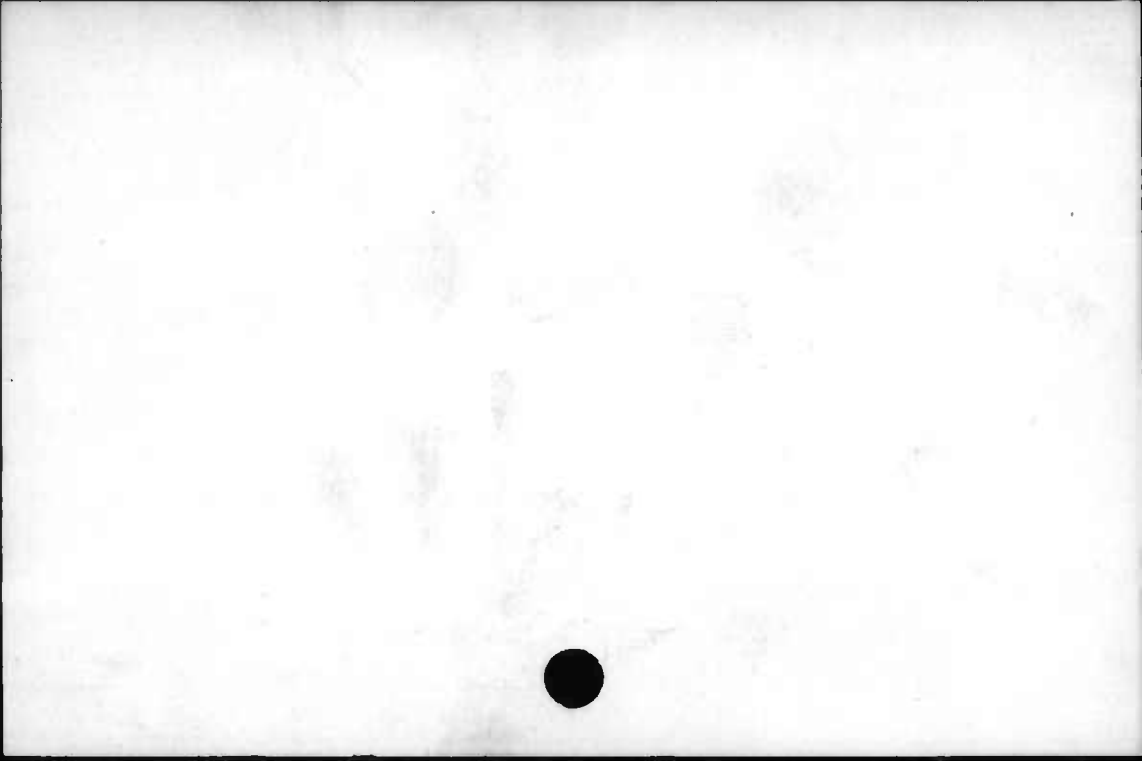
*Kensington*

Accident or Suicide?

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Clarence Edward Butt

CERTIFICATE OF DEATH

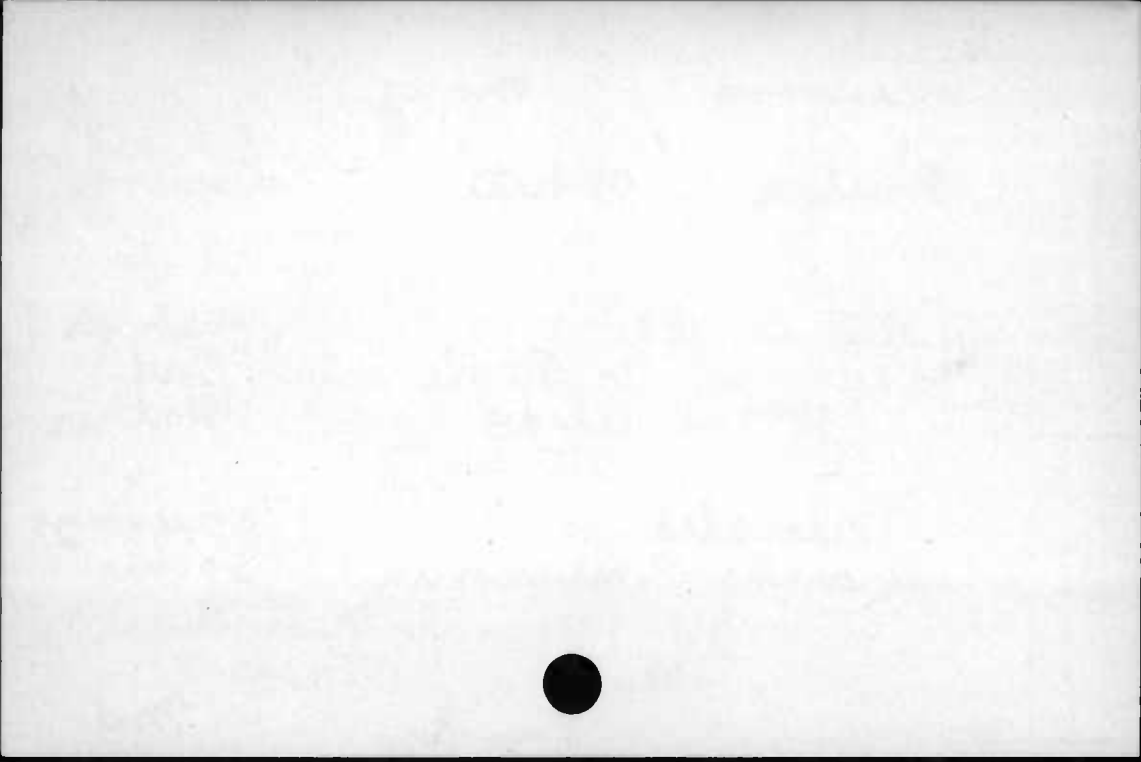
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Quince Orchard</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>12</u> <sup>Month</sup>	<u>15</u> <sup>Day</sup>	<u>1</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>12</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>—</u>			Where Residing If not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Howard M Butt</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Margarett H Danwood</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>M. H Danwood</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>3 Weeks</u>
Immediate <u>Whooping Cough</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. H Etchison</u>
	Address <u>Gaithersburg Md</u>
Accident or Suicide? <u>—</u>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>derwood</b>		Town <b>derwood</b>		County <b>montg</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>12</b>	Day <b>1</b>	Age <b>1</b>	Years <b>1</b>	Months <b>10</b>	Days <b>13</b>	
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>derwood</b>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <b>Wm A. Cline</b>			Father's Birthplace <b>Wash. D. C.</b>				
Mother's Maiden Name <b>Elena V Poole</b>			Mother's Birthplace <b>Ind</b>				
Name of person giving information <b>Wm A Cline</b>			How related to deceased <b>Father</b>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Measles</b>	How long <b>3 or 4 days</b>
Immediate <b>Broncho Pneumonia</b>	How long <b>20 hrs</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>C. M. Linthicum</b>
	Address <b>Rockville Md</b>
Accident or Suicide?	



Name  
in  
Full

*Darby*

CERTIFICATE OF DEATH

Died at <i>Rodville</i> <sup>Town</sup>		<i>Monaghan</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>12</i>	Day <i>8</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Sardus Darby</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Jean Hagan</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Still born</i>	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Litchman</i>
		Address <i>Rodville Ind</i>
	Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

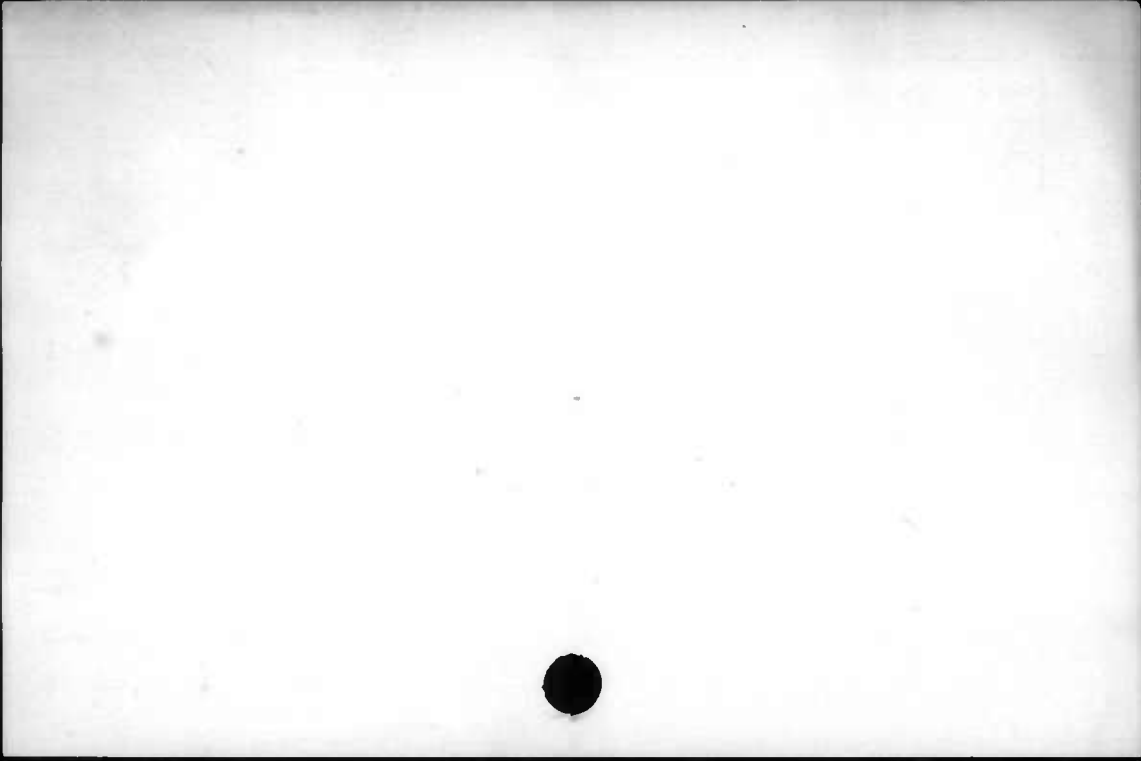
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sugar Land</u> <sup>Town</sup> <u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>12</u> <sup>Month</sup> <u>27</u> <sup>Day</sup> <u>80</u> <sup>Years</sup>	<u>27</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>	
Sex <u>Male</u>	Color or Race <u>negro</u>	Birth-place <u>Montgomery, Md.</u>	
Occupation <u>Day laborer (farm)</u>	Where Residing if not at place of death <u>—</u>		
Married, <u>Yes</u> or <u>Widowed</u>	Name of Wife or Husband <u>Nancy Dorsey</u>		
Father's Name <u>—</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Physician</u>	How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Sexuality</u>	How long <u>154</u>
Immediate <u>Gastritis</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. D. House</u>
	Address <u>Danversville, Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

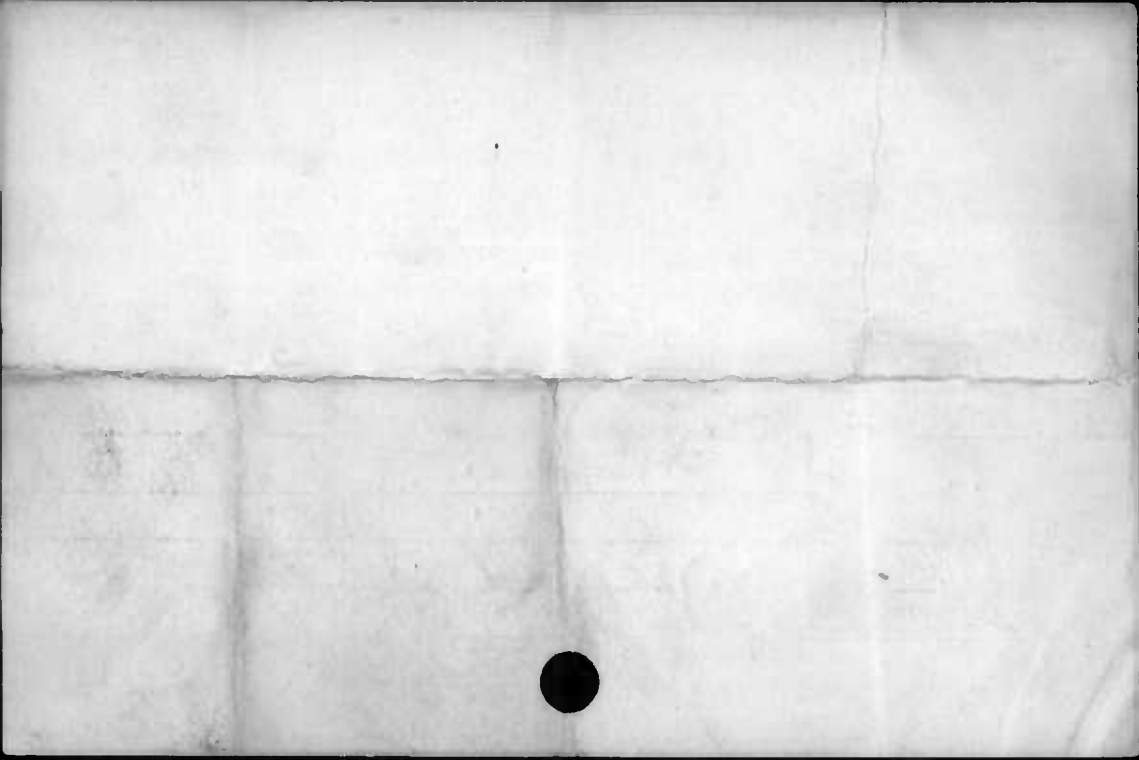
## CERTIFICATE OF DEATH

Name in Full <b>Charles L. Duwall.</b>		Town <b>Etchison P.O.</b>		County <b>Montgomery</b>		MARYLAND	
Died at		Month <b>Dec.</b>		Day <b>19.</b>		Years <b>17</b>	
Date of death <b>1906</b>		Age <b>17</b>		Months		Days	
Sex <b>Male.</b>		Color or Race <b>White.</b>		Birth-place <b>Above.</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <b>Marshall Duwall</b>				Father's Birthplace <b>Ind.</b>			
Mother's Maiden Name <b>Essie B. Duwall</b>				Mother's Birthplace <b>Ind.</b>			
Name of person giving information <b>Wm W. Duwall</b>				How related to deceased <b>Grandfather</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Not known</b>		How long <b>179</b>	
Immediate <b>Said by above to have had fits.</b>		How long <b>A few hours.</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Not known</b>		Signature of Physician <b>(did not see child)</b> <b>J. W. Lacy.</b>	
		Address <b>Lisbon.</b>	
Accident or Suicide?		<b>Ind.</b>	



Name  
in  
Full

Harriet Easton


## CERTIFICATE OF DEATH

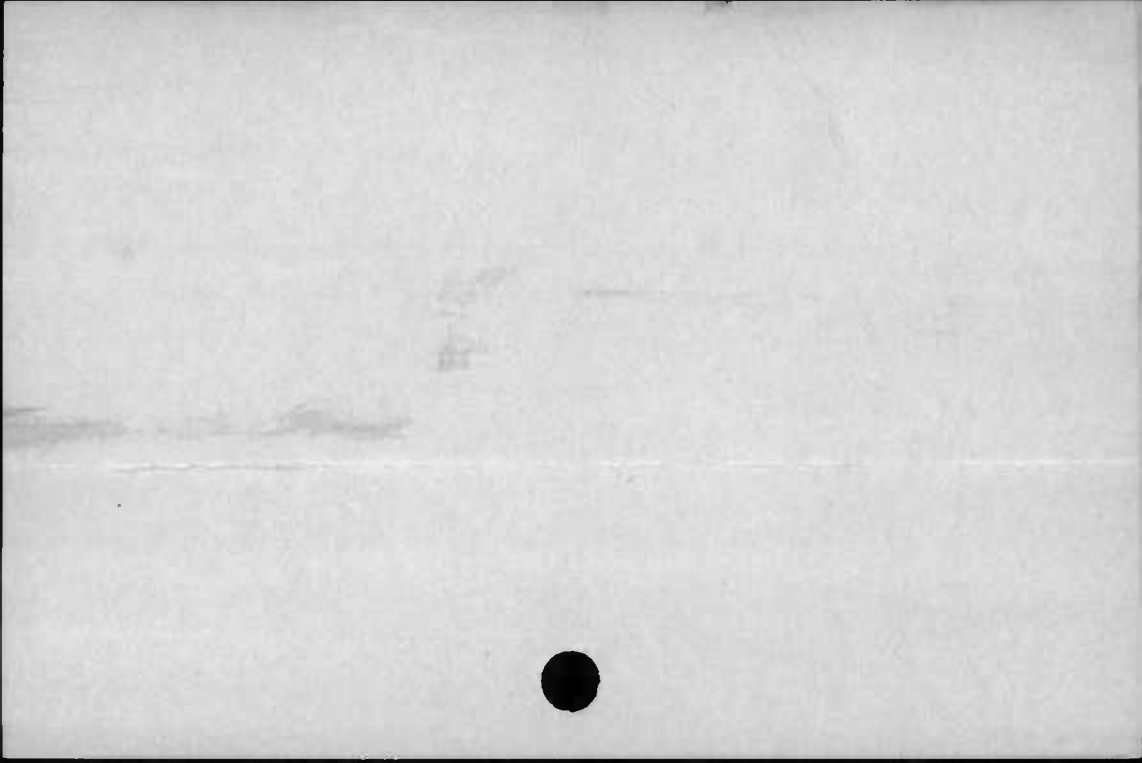
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lay Hill</i>			Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>12</i>		Day <i>20</i>		Age <i>76</i>		Years
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Montgomery Md</i>		Months <i>11</i>		Days
Occupation <i>House wife</i>				Where Residing if not at place of death <i>Lay Hill</i>				
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband <i>John Easton</i>				
Father's Name <i>Mr Lown</i>				Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>				Mother's Birthplace				
Name of person giving information <i>George Easton</i>				How related to deceased <i>not at all</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>		How long <i>18 months</i>	
Immediate <i>Angina or myocardial infarct</i>		How long <i>2 attacks. 1 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Roger Brink</i>	
		Address 	
Accident or Suicide?			



Name  
in  
Full

Octavia Jane Fall

CERTIFICATE OF DEATH

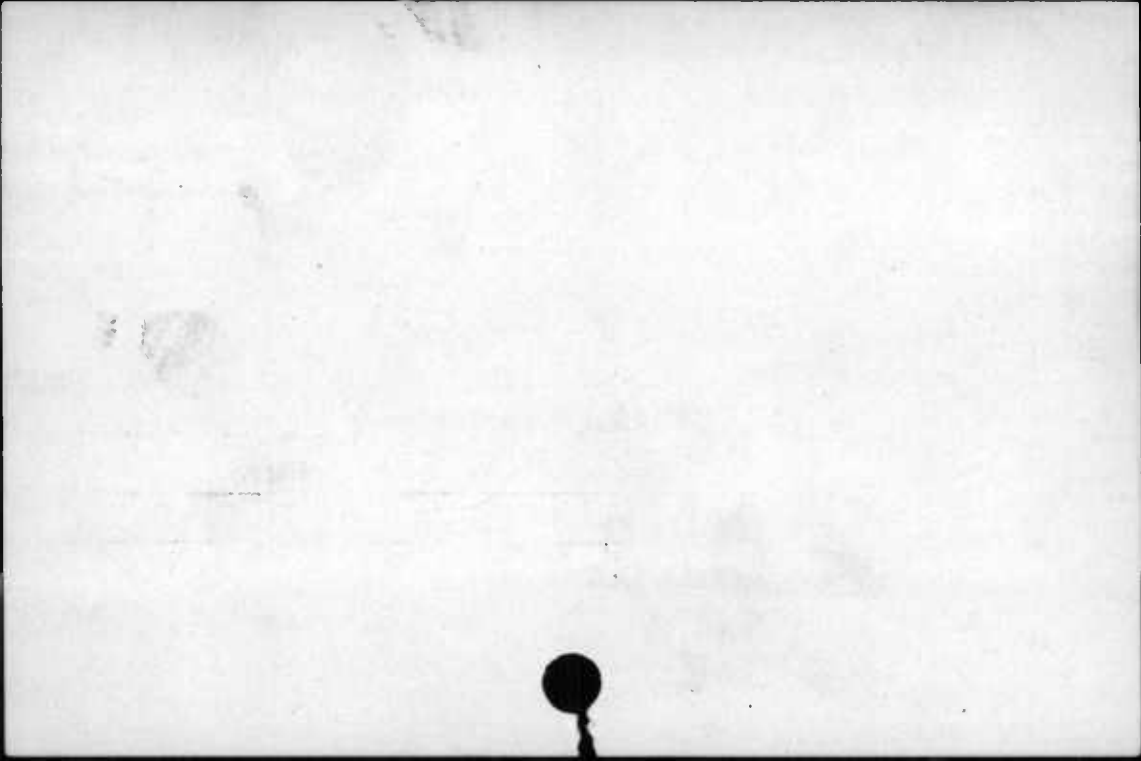
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chry Chase</i>		County <i>Mtgomery</i>		MARYLAND	
Date of death	1906	Month	<i>Dec</i>	Day	<i>20</i>
Age		<i>72</i>		Months	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Ga</i>
Occupation		<i>None</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Frederick B. Fall</i>			
Father's Name	<i>Don't Know</i>				Father's Birthplace
Mother's Maiden Name	<i>" "</i>				Mother's Birthplace
Name of person giving information	<i>Georgie Fall</i>				How related to deceased <i>Daughter in Law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Dis of Heart</i>	How long	<i>70 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Lewis</i>	
		Address <i>Kenneth</i>	
Accident or Suicide?		<i>MD</i>	



Name  
In  
Full

Arthur Walters Finneyfruch

## CERTIFICATE OF DEATH

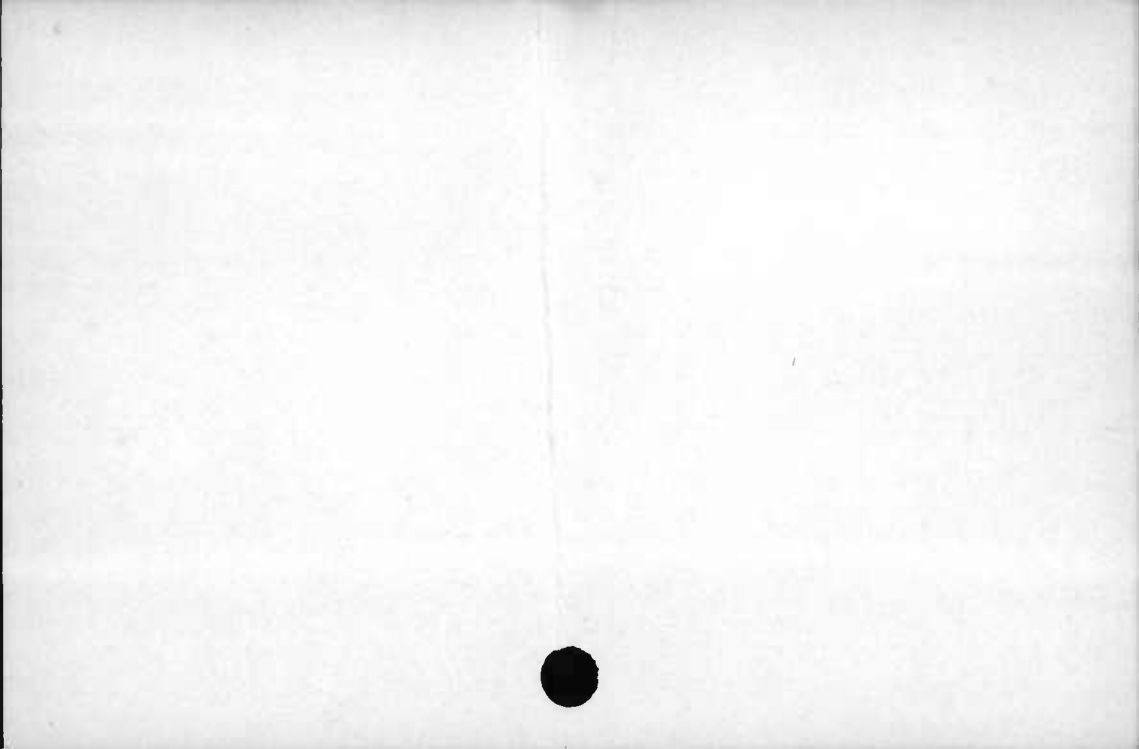
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Redland</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND		
Date of death	<u>1906</u> <small>Year</small>	<u>Dec</u> <small>Month</small>	<u>4</u> <small>Day</small>	<u>0</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Redland</u>	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	<u>Harry Walters Finneyfruch</u>			Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Fannie Small</u>			Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Harry Walters Finneyfruch</u>			How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Congestion of Lung</u>	How long	<u>3 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>4 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. B. Ellis</u>
		Address	<u>Wixpersburg</u>
			<u>Md</u>
Accident or Suicide?			



Name  
in  
Full

Jm Geo. Glover

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sligo</i> Town		<i>Montg</i> County		MARYLAND	
Date of death	1906	Month	<i>Dec</i>	Day	<i>28</i>
Age		Years		Months	Days
		<i>0</i>		<i>3</i>	<i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place
				<i>md.</i>	
Occupation		Where Residing if not at place of death			
<i>None</i>					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name		<i>Joe Glover</i>		Father's Birthplace	
				<i>md.</i>	
Mother's Maiden Name		<i>Roberta Poore</i>		Mother's Birthplace	
				<i>"</i>	
Name of person giving information		<i>Joe Glover</i>		How related to deceased	
				<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Croupous Pneumonia</i>	How long	<i>1 day</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. Brown</i>	
		Address	
		<i>Silver Spring</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Albert W. Gregg

Died at Unity <sup>Town</sup> Providence <sup>County</sup> MARYLAND

Date of death 1906 <sup>Month</sup> Dec <sup>Day</sup> 6 <sup>Years</sup> 1 <sup>Months</sup> 5 <sup>Days</sup>

Sex Male Color or Race White Birth-place Unity

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Ernest Gregg Mother's Birthplace Va

Mother's Maiden Name Edith Dodd Mother's Birthplace Maryland

Name of person giving information H. C. Traversed How related to deceased None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Infection of miliary How long 4 weeks

Immediate Convulsions How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. J. Sparrior M.D.

Address Unity

Maryland

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Drusilla Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>London</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>29</u>	Age <u>—</u> Years	Months <u>3</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Ind</u>		
Occupation <u>none</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <u>Albert Harris</u>	Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Ellen White</u>	Mother's Birthplace <u>Va</u>				
Name of person giving information <u>Albert Harris</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Group -

How long

1 day

Immediate

Suffocation

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. L. Lewis M.D.  
Kensington

Accident or Suicide?



Name  
in  
Full

Mary Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seneca</u> Town <u>Seneca</u> County <u>Montz</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>11</u>	Age <u>6</u> Years <u>0</u> Months <u>0</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birthplace <u>Seneca Ind</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Henry Jackson</u>	Father's Birthplace <u>Montz W Va</u>		
Mother's Maiden Name <u>Barbara Coffer</u>	Mother's Birthplace <u>W Va</u>		
Name of person giving information <u>Physician</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute tubercular pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Asphyxia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U D House M.D.</u>
	Address <u>Dawsonville Ind</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Granville Johnson</i>		Town <i>Sugar Land</i>		County <i>Texas</i>		MARYLAND	
Died at <i>Sugar Land</i>		Month <i>12</i>		Day <i>12</i>		Age <i>6</i>	
Date of death <i>1906</i>		Years <i>12</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Sugar Land Tex</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Mollie Johnson</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Physician</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>179</i>	How long <i>all time</i>
Immediate <i>As thema</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.D. House</i>	
	Address <i>Dansenville Tex</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Harriet Johnson</u>		Town <u>Montgomery</u>		County <u>Montgomery</u>		STATE <u>MARYLAND</u>	
Died at <u>Montgomery</u>		Month <u>12</u>		Day <u>16</u>		Years <u>6</u>	
Date of death <u>1906</u>		Month <u>12</u>		Day <u>16</u>		Age <u>6</u>	
Sex <u>Female</u>		Color or Race <u>Negro</u>		Birth place <u>German</u>		Months <u>—</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		Days <u>—</u>		—	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		—		—	
Father's Name <u>Alex Johnson</u>		Father's Birthplace <u>Montgomery Md</u>		—		—	
Mother's Maiden Name <u>Rose Corn</u>		Mother's Birthplace <u>" " "</u>		—		—	
Name of person giving information <u>Physician</u>		How related to deceased <u>—</u>		—		—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Measles</u>	How long <u>6</u>
Immediate <u>Bronchitis Pneumonia</u>	How long <u>10 da.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. D. Bourse M.D.</u>
	Address <u>Douglasville Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Beulah Iddings Lea

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brinklow</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>29</i>	Age <i>82</i>	Years	Months	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Thomas Lea</i>				
Father's Name <i>Caleb P. Iddings</i>			Father's Birthplace <i>Milton, Del.</i>				
Mother's Maiden Name <i>Harriet Hill Jackson</i>			Mother's Birthplace <i>Lancaster Co. Pa.</i>				
Name of person giving information <i>Harriet P. Lea</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>Many years</i>
Immediate <i>Heart Failure</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Aug Stabler</i>
	Address <i>Brighton, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Samuel Morrell

CERTIFICATE OF DEATH

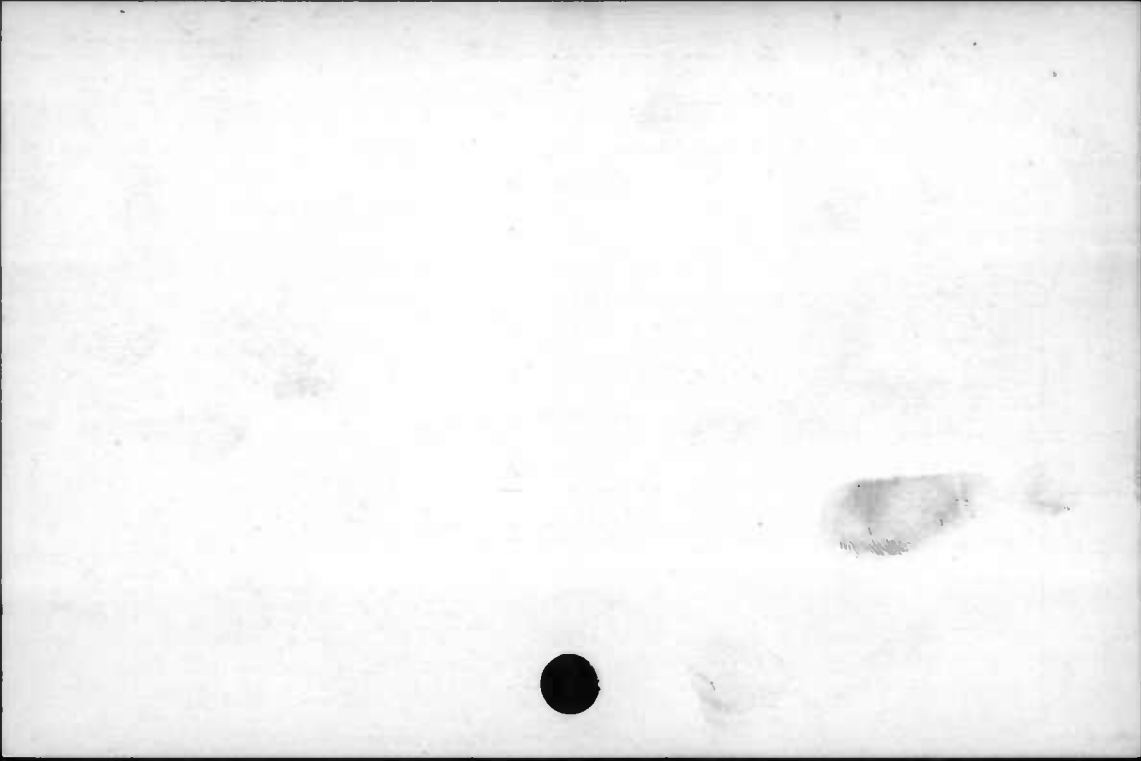
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rockville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>October</u> <small>Month</small>	<u>13<sup>th</sup></u> <small>Day</small>	Age <u>20</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Washington Grove</u>			
Occupation <u>Driver</u>	Where Residing if not at place of death <u>Washington Grove</u>				
Married, Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name <u>John Morrell</u>	Father's Birthplace <u>Balto Co</u>				
Mother's Maiden Name <u>Lou Morrell</u>	Mother's Birthplace <u>Mont. Co</u>				
Name of person giving information <u>Willie Brown</u>	How related to deceased <u>Brother in law</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Aortic Incompetency</u>	How long <u>4 Mos</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. H. Mannat M.D.</u>
<u>Yes</u>	Address <u>Rockville</u>
<u>No.</u>	<u>Md</u>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edna Louise Offutt

Died at <u>Roadville</u> <sup>Town</sup>		<u>Windsor</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>6</u>	Month	<u>12</u>	Day	<u>8</u>
Age		<u>X</u>	Years	<u>4</u>	Months
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Ind</u>
Married, Single or Widowed		<u>X</u>			
Occupation					
Name of Wife or Husband <u>X</u>					
Father's Name <u>Arthur Offutt</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lizzie Beale</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Arthur Offutt</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>1 mo</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D M Luchman</u>	
		Address <u>Roadville Ind</u>	
Accident or Suicide?			



Name  
in  
Full

Annie J Porter

## CERTIFICATE OF DEATH

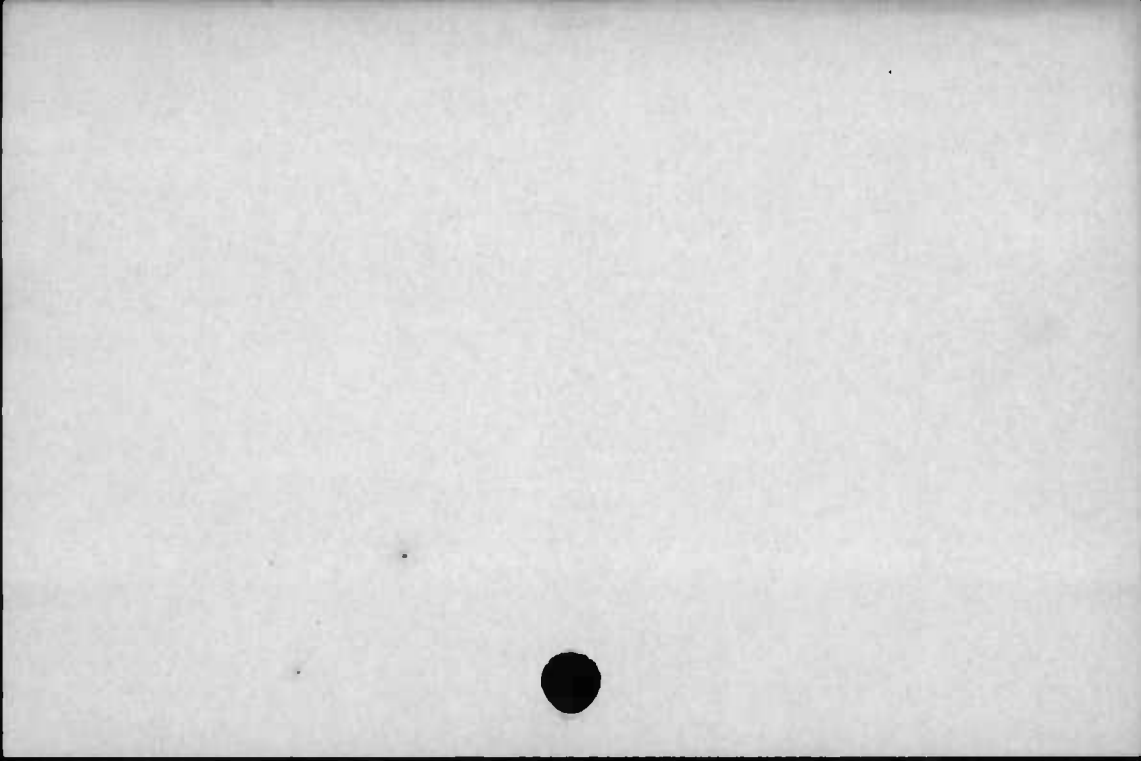
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edner</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>December</i>	Day <i>7</i>	Age <i>75</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>				
Occupation <i>School Teacher</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Edward Porter</i>					
Father's Name <i>William Kimnard</i>		Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>Mary Kimnard Roberts</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>Wm E Magruder</i>		How related to deceased <i>Not Tell</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Several Years</i>
Immediate <i>In anition</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>Wm E Magruder</i>
<i>Shelisse So</i>	Address <i>Sandy Spring Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

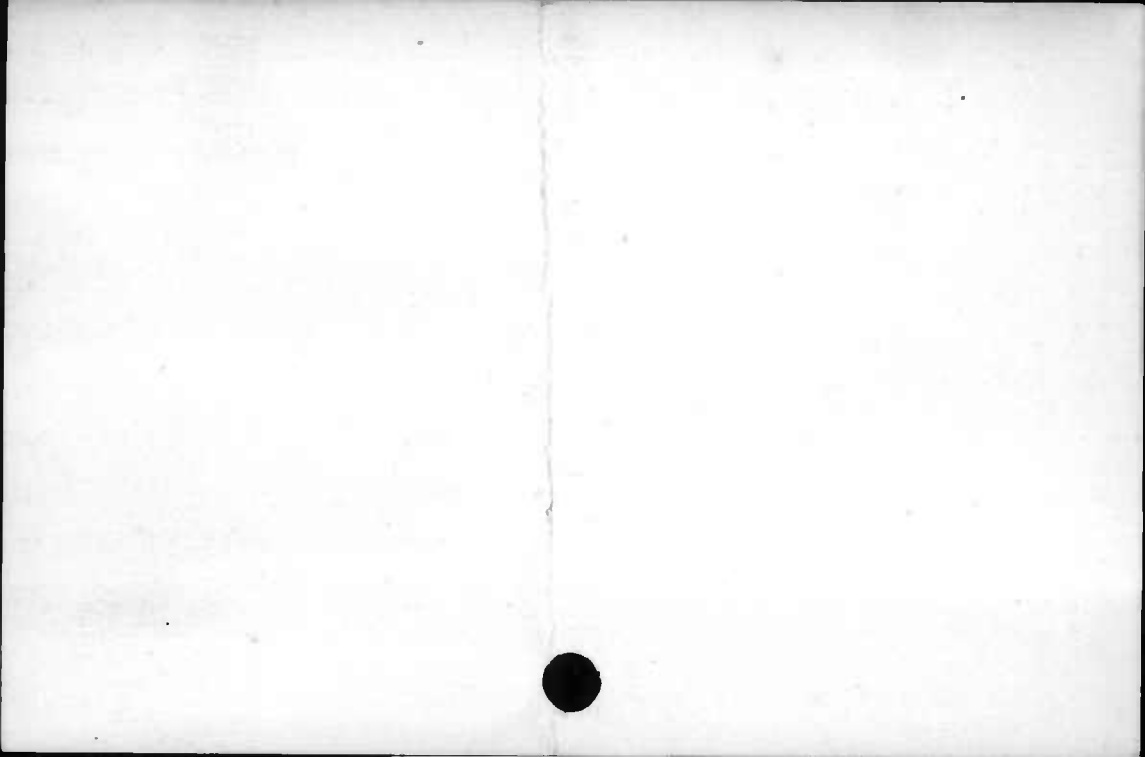
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoodside</i>		Town <i>Montgomery</i>		County		MARYLAND					
Date of death	1906	Month	<i>Dec</i>	Day	<i>12</i>	Age	<i>73</i>	Months	<i>3</i>	Days	<i>2</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>N. C.</i>				
Occupation	<i>Atty at Law</i>				Where Residing if not at place of death						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Virginia Shunkerd Jett</i>							
Father's Name	<i>James Powell</i>					Father's Birthplace	<i>N. C.</i>				
Mother's Maiden Name	<i>Mary Stringfellow</i>					Mother's Birthplace	<i>" "</i>				
Name of person giving information	<i>Virginia Shunkerd Jett</i>					How related to deceased	<i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Several yrs</i>
Immediate	<i>Asphyxia</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. H. Brown, M.D.</i>
		Address	<i>Silver Spring Md.</i>
Accident or Suicide?			



Name  
in  
Full

Nancy R. Prentiss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cherry Chase* <sup>Town</sup> *Montgomery* <sup>County</sup>Date of death *1906* <sup>Month</sup> *Dec* <sup>Day</sup> *29* <sup>Years</sup> *90* <sup>Months</sup> *6* <sup>Days</sup> *5*Sex *Female* Color or Race *White* Birth-place *Vermont*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or HusbandFather's Name *✓* Father's BirthplaceMother's Maiden Name *✓* Mother's BirthplaceName of person giving information *A. N. Prentiss* How related to deceased *Grand Son*

## CAUSES OF DEATH

Primary *Old age* *106* How longImmediate *enters crisis* *& ex haemorrhage* *about 10 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Stearns, M.D.*Address *1020 9th and 10th. S. E.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	12	Day	26
Age		Years	35	Months	
Sex	Male		Color or Race	White	
Occupation	Gov. Clerk		Birth-place	Md	
Where Residing if not at place of death			X		
Married, Single or Widowed	Widower		Name of Wife or Husband	—	
Father's Name	Ruben Reggo		Father's Birthplace	Md	
Mother's Maiden Name	Cauchy		Mother's Birthplace	—	
Name of person giving information	—		How related to deceased	—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Lipthump</i>	How long	<i>8 days</i>
Immediate	<i>Heart failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. J. Smith</i>
		Address	<i>Rockville Md</i>
Accident or Suicide?			



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mary Sage</i>		County <i>Montgomery</i>		
	Town <i>Rockville</i>		State <i>Md.</i>		
	Date of death	Month	Day	Year	Months
	<i>1906</i>	<i>12</i>	<i>18</i>	<i>8.6</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
	Occupation <i>Housewife</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>I don't know</i>			
	Father's Name <i>I don't know</i>	Father's Birthplace			
Mother's Maiden Name <i>I don't know</i>	Mother's Birthplace				
Name of person giving information <i>W. B. Pumpkney</i>	How related to deceased <i>Not at all</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Smile Debility</i>			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward Anderson M.D.</i>		
			Address <i>Rockville, Md.</i>		
	Accident or Suicide?				



Name in Full

Certificate of Death

Name in Full *Harry Shon Klein*  
 Died at *Cherry Chase* Town *Montgomery* County *MARYLAND*  
 Date *1906* Month *12* Day *4* Y. *80* M. *10* D. *3* Native of *Pa.* Occupation *Clerk*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *0*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death { Primary *Chronic Interstitial Nephritis* How long sick  
 Immediate *Uremia* Accident, Suicide, Homicide

Reported by

Address

Reported by *Copied*  
 Address *W.R. Lewis*  
 Reported by *J.S. Wall*  
 Address *Washington*

Must be signed by physician, if in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

CHARTER

CHARTER

CHARTER

CHARTER

CHARTER

CHARTER

CHARTER

CHARTER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <b>Edward Stang</b>		Town <b>Dausouville</b>		County <b>Murphy</b>		MARYLAND	
Died at		Month <b>12</b>		Day <b>27</b>		Years <b>15</b>	
Date of death <b>1906</b>		Age <b>15</b>		Months <b>11</b>		Days <b>28</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Dausouville Md.</b>			
Occupation <b>School boy.</b>				Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Peter J. Stang</b>				Father's Birthplace <b>Murphy Co Md</b>			
Mother's Maiden Name <b>Olive Chapman</b>				Mother's Birthplace <b>W. Va.</b>			
Name of person giving information <b>Physician</b>				How related to deceased <b>—</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Murder - Schenck</b>	How long <b>10 da</b>
Immediate <b>Endocarditis - Pulmonary edema.</b>	How long <b>5 da.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>U. D. Nourse MD</b>
	Address <b>Dausouville Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

Sarah A. Stone

## CERTIFICATE OF DEATH

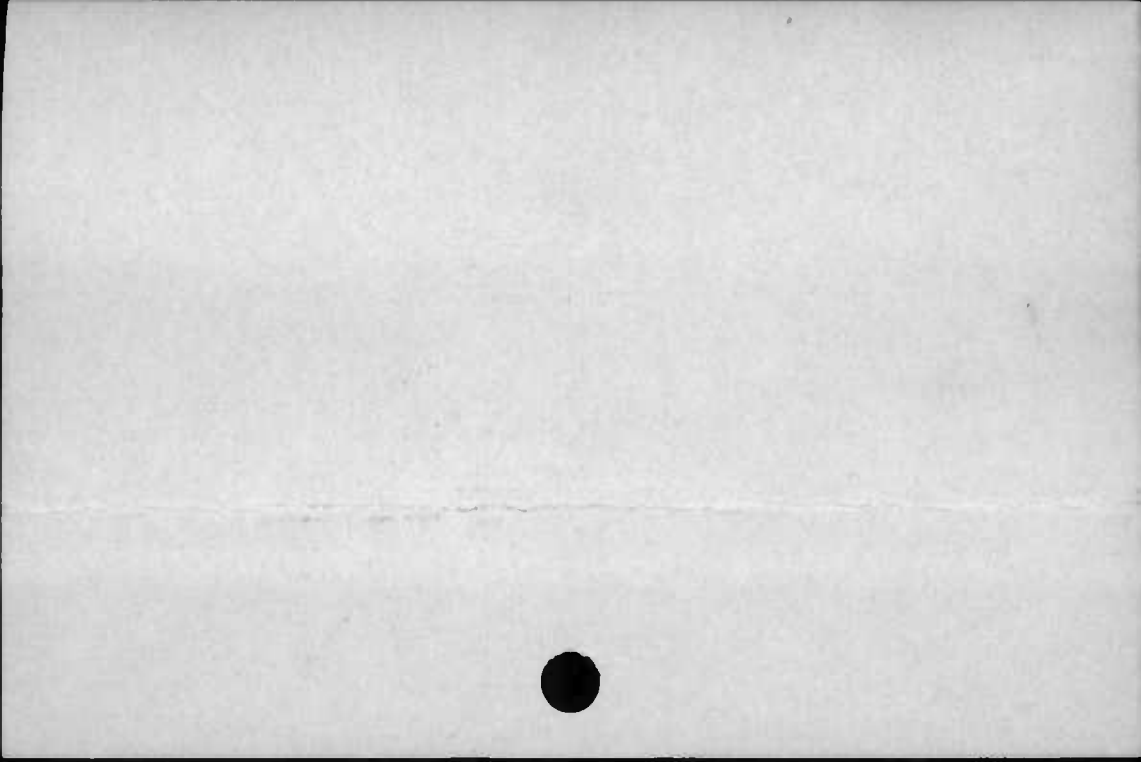
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ashton</i> <sup>Town</sup>		<i>Montgomery Co</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>1.</i>	Years <i>Age 84.</i>	Months <i>8.</i>	Days <i>5.</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James H. Stone</i>				
Father's Name <i>David Brown</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Wood</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>J. T. Brown</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Two and half days</i>
Immediate <i>Asthenia</i>	How long <i>during entire time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Stone, M.D.</i>
	Address <i>Stoneleigh Court Wash. D.C.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

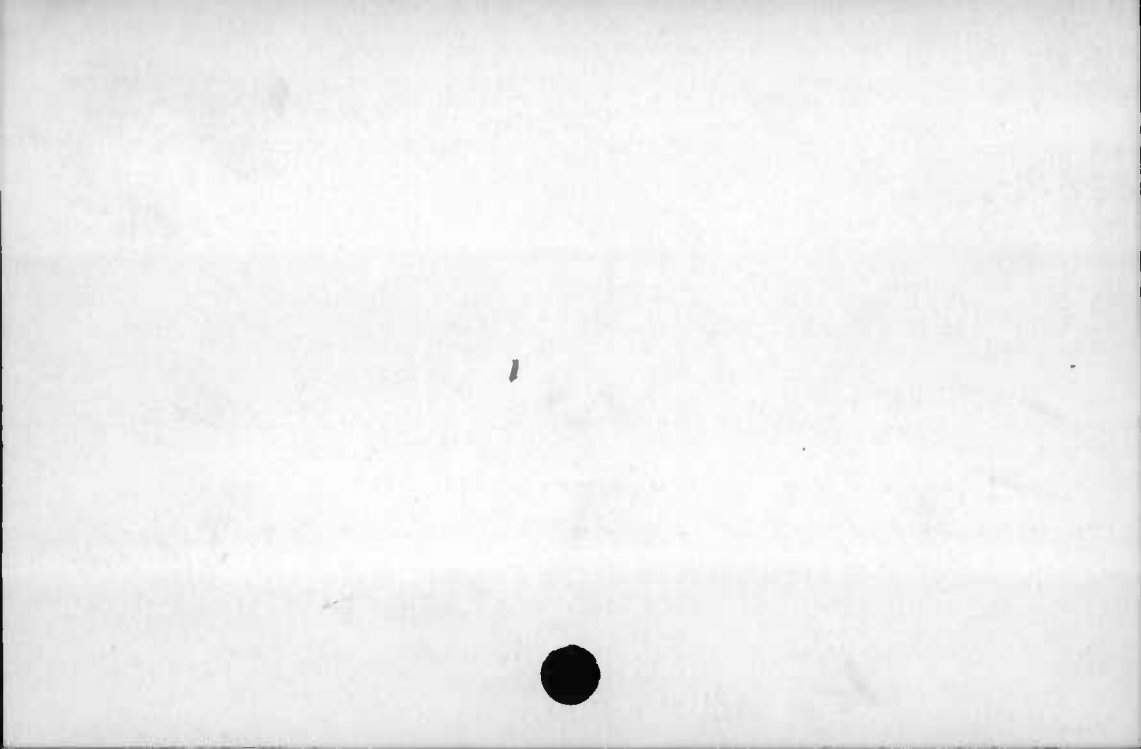
TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hamming & Talley* *Gaithersburg* *Montgomery*  
 Date of death *1906* *12* *23* *Age* *60* *Months* *—* *Days* *—*  
 Sex *Male* Color or Race *Colored* Birth-place *Va.*  
 Occupation *Blacksmith* Where Residing If not at place of death *Boyd's*  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Emma*  
 Father's Name *don't know* Father's Birthplace *Va*  
 Mother's Maiden Name *"* Mother's Birthplace *"*  
 Name of person giving information *Richard Hamming* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Struck by R.R. Engine* *160* How long  
 Immediate *Concussion of Brain* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *James E. Gantt Jr*  
 Address *Aceling Avenue*  
 Accident or Suicide? *Accident* *Gaithersburg Md*



Name

In

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

David Trogne  
 Died at *Lincoln Park* <sup>Town</sup> *Montgomery* <sup>County</sup> **MARYLAND**  
 Date of death *1906* <sup>Month</sup> *12* <sup>Day</sup> *7* <sup>Year</sup> *20* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *Colored* Birth-place *Maryland*  
 Occupation *Writer* Where Residing if not at place of death *—*  
 Married, Single or Widowed *Single* Name or Wife or Husband *—*  
 Father's Name *Robert Trogne* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Mary Culbert* Mother's Birthplace *Maryland*  
 Name of person giving information *Robert Trogne* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *One year*  
 Immediate *Exhaustion* How long *—*  
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Edward Anderson M.D.*  
 Address *Rockville, Md.*  
 Accident or Suicide? ☒



Name  
in  
Full

Walter

12/16/78

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

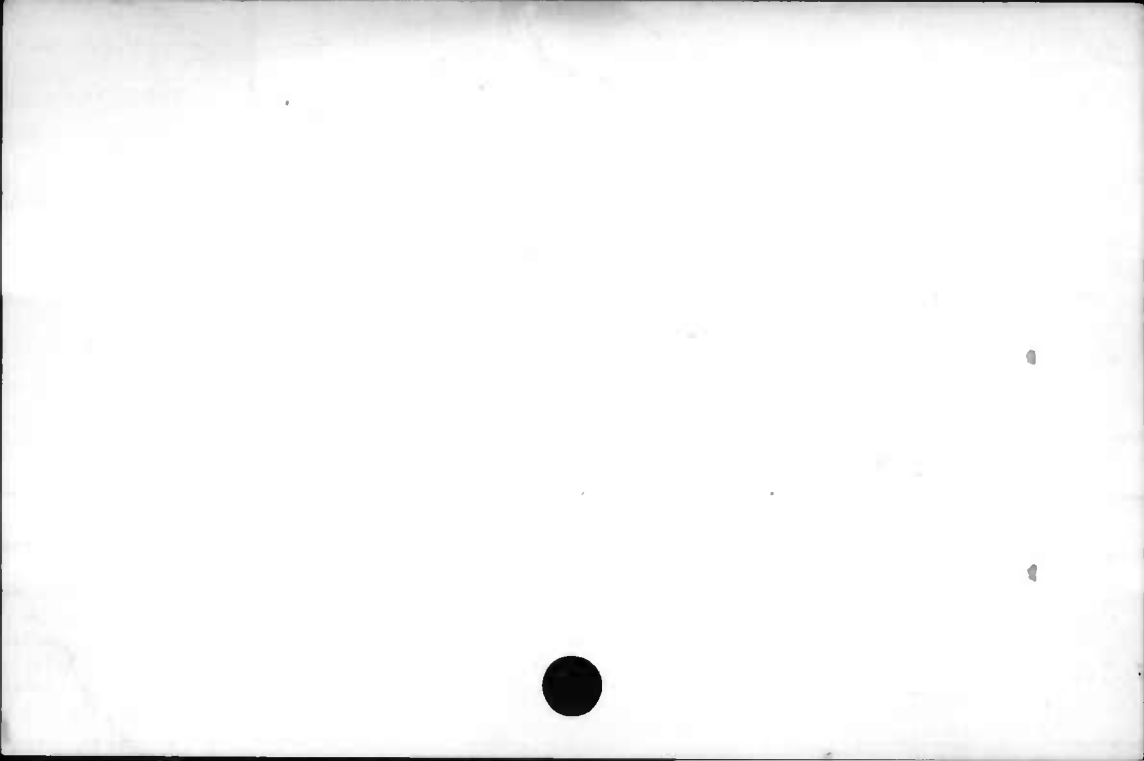
MARYLAND

Died at <i>Prossville</i>		County <i>Monong</i>			
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>26</i>	Age	Years	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Edwards Ferry</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Meyer</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Colina Bute</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving Information <i>John Dove</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tetanus Neoratorum</i>	How long <i>12</i>
Immediate		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. W. Walling</i>
		Address <i>Prossville, Md.</i>
Accident or Suicide?		



Name  
in  
Full

William West

## CERTIFICATE OF DEATH

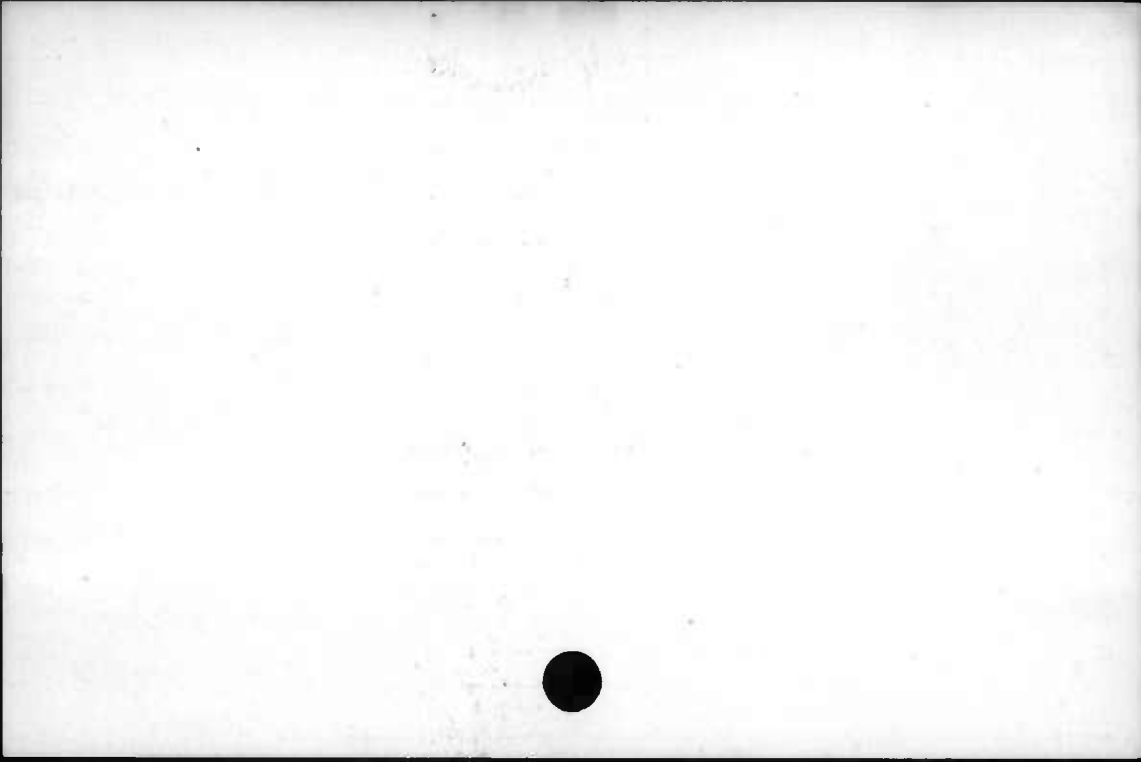
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>12</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>+</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>						
Father's Name <i>Peter Butler</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Nellie West</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Nellie West</i>	How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>One month</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wm. Henry Williams</i>		Town <i>msz</i>		County <i>msz</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>9</i>	
Age <i>72</i>		Years <i>72</i>		Months		Days	
Sex		Color or Race <i>Black</i>		Birth- place <i>Howard Co Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Lizzie Williams</i>					
Father's Name <i>John Williams</i>		Father's Birthplace <i>Howard Co Md</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information <i>Tom Birch</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Gibson</i>
	Address <i>Spencerville Md</i>
Accident or Suicide?	

